

**SUPPLEMENTAL
REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number (Optional)
1166/61926-A

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,764,724 granted June 9, 1998, and for which a

reissue patent is sought on the invention entitled METHOD OF MAKING X-RAY PHOTOGRAPHS OR EXPOSURES OR OTHER TYPE OF RADIATION SENSING, SUCH AS ELECTRONIC IMAGE STORAGE, AND A PATIENT TABLE HAVING A RECEPTOR UNIT FOR SUCH PHOTOGRAPHY, EXPOSURE OR IMAGE STORAGE the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

1. The inadvertent failure to include claims such as proposed reissue claims 20-22 that do not recite "swinging" the receptor unit, or "vertical axles in the regions of each side edge of the table," as recited in the sole independent method claim 1 of the original patent, and do not recite "arms" and "a link," as recited in the sole "patient support table" claim 8 of the original patent.

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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s) Registration Number

Ivan S. Kavrukov 25,161
Richard F. Jaworski 33,515

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<input type="checkbox"/> Firm or Individual Name	PATENT TRADEMARK OFFICE			
Address				
Address				
City	State	Zip		
Country				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Carl-Eric Ohlson

Inventor's signature *Carl-Eric Ohlson*

Date *2000, March 30*

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Full name of second joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

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Full name of third joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Mailing Address

☐ Additional joint inventors are named on separately numbered sheets attached hereto.